BEST AVAILABLE COPY

MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

> AFTER 1 MAMENDMENT

> > DEP.

IND.

								CLAI	MS.		_11/_	OO7	$\Delta \mathcal{O}$
I		ASE	TLED	AF	TER	AF	TER	T	1				
- 1		ļ		I"AME	ENDAIENT		ENDMENT	I	I	AS	FILED		TER
- }		IND.	DEP.	IND.	DEP.	IND.	DEP.	1	l	INID	Lppp		NOMENT
ŀ	1						1	1	51	IND.	DEP.	IND.	DEP.
- F	3	 	1,					1	52		 		
-	4		1						53				
-	5		1						54				
	6		7 						55				
	7		1					L	56				
	8		7'					- 1	57				
<u></u>	9		1				-	- 1	58				
-	10							-	59				
	11		_					-	60				
<u> </u>	12		~ 1						62				
	13 14							<u> </u>	63				
	15		111						64				
	16								65				
	17		7						66				
	18				-			<u> </u>	67				
	9								68				
	20								69				
2							_		70 71				
2									72				_
2.									73				
25									74				
26									5				
27					- -				6				
28							\dashv	7					
29				7117-		\neg		7:					
30							_	80			-		
31	-					7		81					
32	→		-					82				- 	
34	2					-		83				11000	-
35	1						_	84					1-
36			1					85					
37				1	1			86 87					
38						1-	7	88	- 				
39								89	 	 	- 	 	
40	┨			-				90		1	-	┪───	
42		 			- 	 	4	91				1-	1
43	1		1		1	 	-{	92					
44			1	-	·}		-	93		 			
45				1	1	 	-	94 95	 	 		 	
46						1	1 1	96	 	 	1	 	
47		 					1	97	1	 	 	 	
48] [98		 	1	 	
49 50		 					1 [99					
OTAL DOD.	1	I						100					
TAL DEP	10)	4		_		_	F	OTAL IND.		•		*	
TOTAL	13			7		7	1	OTAL DEP		4		+	
CLADICS	17						L	TOTAL CLANGS					
TO- DE 0	REV. 1490								U	& DEPART	MENT of CO	ALCONO.	

PTO-1944 (REV. 1144)

U.S. DEPARTMENT of CONGREDICE. Putcal and Trademark Office